## **Employee Health Screening Form**

## Employer Name Person Completing Form Date

Screen each employee for symptoms before they start their shift and, as a best practice, after they complete each shift.

- If the person answers affirmative to a combination of two of any of the following, the person should be politely asked to leave immediately and notify their supervisor. 1. Dry Cough 2. Sore Throat 3. Shortness of breath
- **Temperature: 100.4 is automatic "No GO."** Temperature of 99.2 or higher, but less than 100: have the person begin monitoring their temperature twice a day for a minimum of 7 days to determine if the temperature is going up or down. The person should notify their supervisor.

Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports any of the symptoms:

- 1. Send employee home immediately.
- 2. Increase cleaning in your facility ensure staff are least 6 feet apart from one another.
- 3. Exclude employee until they are fever-free (without medication) for 72 hours and 7 days have passed since their first symptom.
- 4. If multiple employees have symptoms, contact your local health department.

Other symptoms: chills, muscle aches, headache, sore throat, new smell and taste disorder(s); consider also runny nose, diarrhea, nausea, vomiting.

EMPLOYEE NAME	BEFORE STARTING SHIFT								DESCRIBE OTHER SYMPTOMS
	Fever	Cough	Shortness of breath	Runny Nose	Head or Body Aches	Sore Throat	Nausea, Vomiting or Diarrhea	Loss of taste of smell	
	Y N	Y N	Y N	ΥN	Y N	Y N	Y N	ΥN	
	Y N	Y N	Y N	ΥN	Y N	Y N	Y N	ΥN	
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
	ΥN	ΥN	Y N	Y N	ΥN	Y N	Y N	Y N	
	ΥN	ΥN	Y N	Y N	ΥN	Y N	Y N	Y N	
	ΥN	ΥN	Y N	Y N	ΥN	Y N	Y N	Y N	
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	ΥN	